MIDDLESEX SHERIFF'S OFFICE

FORMER INMATE/FELONY CONVICTION FORM REQUESTING TO VISIT

(Anyone who has been incarcerated within the last year is NOT eligible to visit)

NAME: _____
LAST **FIRST** **MIDDLE**

RESIDENTIAL ADDRESS: _____
(Not a P.O. Box) **STREET** **CITY** **STATE** **ZIP CODE**

DOB: _____/_____/_____ __ **DRIVER LIC:** _____
(MM/DD/YY) **& STATE**

HAVE YOU BEEN CONVICTED OF A FELONY? **Yes** ☐ **No** ☐
HAVE YOU EVER BEEN INCARCERATED? **Yes** ☐ **No** ☐

WHERE AND WHEN WERE YOU INCARCERATED? **(If never incarcerated, dates of felony conviction(s))**

_____

I _____, understand that the Middlesex Sheriff's Office will conduct a criminal records check, and I hereby release, discharge, and exonerate the Middlesex Sheriff's Office, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or in behalf of the Middlesex Sheriff's Office.

_____ _____ _____
SIGNATURE **DATE** **TELEPHONE #**

Failure to answer any of the above questions truthfully will result in denial of this request

REQUEST TO VISIT: _____ _____
DETAINEE/INMATE'S NAME **RELATIONSHIP**

Please mail completed form to:

Middlesex Sheriff's Office
Attn: IPS Unit
269 Treble Cove Road
Billerica, MA 01862

**** Allow up to two weeks for forms to be processed****

IPS STAFF MEMBER

Record Reviewed: ☐

BOP Attached: ☐

SIGNATURE: _____

DATE: _____

COMMENTS: _____

_____

ASSISTANT SUPERINTENDENT

SIGNATURE: _____

DATE: _____

DECISION: ☐ **APPROVED** **OR** ☐ **DENIED**

If denied forward to Superintendent for final review

_____
Michael P. Mahoney, Superintendent
DECISION ☐ **Approved** **OR** ☐ **Denied**